





Serial No. 10/626,941 Filing Date: 07/25/2003 Examiner: Phyllis G. Spivak

Group Art Unit: 1614
Docket No. 01073/1

Date of Deposit: September 8, 2004

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Petition for Extension of Time Fee Transmittal Amendment Transmittal Letter Reply to Office Action Post Card

Michelle Becker

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PTO/SB/17 (10-03)

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Complete if Known

Application Number 10/626,941

Filing Date 07/25/2003

First Named Inventor Manning et al

Examiner Name Phyllis G. Spivack

Art Unit 1614

Attorney Docket No. 01073/1

TOTAL AMOUNT OF PAYMENT

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

(\$)	\$420.00

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)													
Check Credit card Money Other None	3. ADDITIONAL FEES													
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe														
Deposit	Code	(\$)	Code	(\$)	Fee Description	Fee Paid								
Account Number 19-1025	1051	130	2051		Surcharge - late filing fee or oath									
Deposit Account Pharmacia Corporation	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet									
Name I Harmacia Corporation	1053	130	1053	130	Non - English specification									
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination									
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action									
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action									
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month									
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month	420.00								
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month									
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth month									
Fee Fee Fee Fee Description	1255	2,010	2255	1,005	Extension for reply within fifth month									
Code (\$) Code (\$) Fee Paid 1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal									
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal									
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing									
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding									
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable									
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to revive - unintentional									
· / [\\]	1501	1,330	2501	665	Utility issue fee (or reissue)									
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from	1502	480	2502	240	Design issue fee									
Extra Claims below Fee Paid	1503	640	2503	320	Plant issue fee									
Total Claims	1460	130	1460	130	Petitions to the Commissioner									
Independent 3** = 0 X = 0.00	1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)									
Multiple Dependent Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Statement									
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)									
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385										
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	(37 CFR § 1.129(a)) For each additional invention to be examined									
1203 290 2203 145 Multiple dependent claim, if not paid					(37 CFR § 1.129(b))									
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		Request for Continued Examination (RCE)									
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application									
and over original patent	Othe	er fee (s	specify)											
SUBTOTAL (2) (\$) \$0.00														
**or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) \$420.00														
SUBMITTED BY					Complete (if applicable)	SUBMITTED BY Complete (if applicable)								

SUBMITTED BY				Complete (if applicable)		
Name (Print/Type)	Philip B. Polster, II	Registration No. (Attorney/Agent)	43,864	Telephone	314-274-9094	
Signature	Mex-Med			Date	09/08/2004	

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